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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CON of PCT/US02/18623 06/10/2002 *
 (*)Data provided by applicant is not consistent with PTO records.
OK CCS

**** FOREIGN APPLICATIONS *******
none CCS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>CSH</i> Examiner's Signature <i>CCS</i> Initials	STATE OR COUNTRY MN	SHEETS DRAWING 11	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
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TITLE
 Bone plates

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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